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LOYOLA UNIVERSITY OF CHICAGO

EMOTIONAL DILEMMAS:

A CASE STUDY WITH 7TH GRADE GIRLS

A THESIS SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

MASTER OF ARTS

DEPARTMENT OF COUNSELING

AND EDUCATIONAL PSYCHOLOGY

BY

ROBIN L. HOHNER

CHICAGO, ILLINOIS

JANUARY 1995

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CHAPTER I

INTRODUCTION

Importance of the Study

The importance of this study lies in its focus on an age group often forgotten in the research of personality development and in the practice of counseling. Early adolescents (twelve- and thirteen-year-olds) are a group that few counselors choose to work with and few researchers choose to study, partly due to a lack of focus on this group in counseling training programs. In fact, according to the American Psychological Association, in 1990-1991, there were only sixteen universities that offered graduate programs in child and/or adolescent counseling (American Psychological Association, 1991). Many counselors focus on children or adolescents in their practice, but twelve- and thirteen-year-olds sometimes fall between the cracks. Unfortunately, this leaves a large gap in the information regarding personality development from infancy to adulthood. What happens during the early adolescent years? This gap is related to the uncertainty of how to categorize this age: is it childhood or adolescence? The answer to that question is both--it is at once childhood *and* adolescence. Although twelve- and thirteen-year-olds may retain some last vestiges of childhood, they are beginning to behave more adultlike, hence the beginning of adolescence.

Because of the unpredictability of the age, many studies on development

of various personality constructs exclude this in-between age group and work with younger children and/or older adolescents. Yet this age group can be enormously interesting and challenging to work with because of its unpredictability and rapid development. An important facet of this study is its unwillingness to predict an unpredictable outcome. It is the very existence of uncertainty that makes this study of twelve- and thirteen-year-olds fascinating. The focus on one specific personality construct, empathy, serves as a starting point to fill in the gap of information about development.

Another important reason for this study is that the way in which personality develops is changing as society changes. Most would agree that twelve- and thirteen-year-olds seem to be growing up faster than twenty or thirty years ago. They appear to be more cognizant of (and participate in) those activities previously reserved for older adolescents and young adults. What seemed appropriate for sixteen-year-olds in the last century is now occurring much earlier. For example, sexual experimentation begins at a much earlier age than one or two generations before. Coles and Stokes (1985) showed that 18% of 13 year olds in their study of sex and adolescents have had intercourse. It is possible to assume that this percentage has increased since 1985. Also, in previous generations there was a stronger boundary between figures of authority (namely parents and teachers) and this age group. David Elkind (1984) has stated

that recent changes in our society have undermined the authority of both parents and teachers. As a result, teenagers lose an all-important marker of their place in the social order. The generations have become homogenized and the special status of being a teenager has been lost. Elkind's thoughts were relatively new ten years ago and apply to adolescents in the 90's even more. This group also seems to be more involved in larger societal issues, such as politics or environmental concerns, perhaps stemming from their desire to reform society in one way or another (Piaget, 1981).

While the developmental task of constructing a personal sense of identity is essentially the same for adolescents now as in the past, today's adolescents face many more pressures than in the past. Elkind (1984) describes adolescents as "unplaced":

They are not adults capable of carrying the responsibilities we confer upon them. And they are not children whose subservience to adults can be taken for granted. We expect them to be grown up in all those domains where we cannot or do not want to maintain control. But in other domains, such as attending school, we expect our teenagers to behave like obedient children (p. 4).

Studies into the developmental stage of early adolescence are needed to foster

understanding of the difficulties faced by today's adolescents.

Many characteristics and personality constructs have been subjected to study within the realm of development. Empathy has been viewed as a rather elusive human characteristic. Most researchers (Barrett-Lennard, 1981; Gladstein, 1977; Rogers, 1975) disagree as to what the term empathy means and what behavior is empathic. Further, empathy is believed to be much different in adulthood than in adolescence or childhood. The capacity for empathy may also increase with age. Eisenberg (1982) emphasizes an increased capacity for empathy as children mature.

An understanding of this level of empathy in this age group is important in the counseling field. Group therapy requires clients to understand others' emotions and to respond based on that understanding. Individual therapy may be helpful in developing an understanding of emotion, both the client's own and the people in their lives. If the counselor is aware of the capacity for empathy (or how it manifests itself) in this age group, he or she can better facilitate understanding in a counseling situation.

Purpose of the Study

The purpose of the study to be described is to examine the level of empathy in this age group. The research question is whether or not the various traumatic events in the lives of the participants have had an effect on their level

of empathy, by either lessening or strengthening their empathic capacity. By systematically examining the empathic responses of early adolescent girls to stories depicting emotional dilemmas, combined with the behavior rating given by two of their teachers, it is hoped that this research question can be addressed. This examination is in the form of a case study evaluation of six girls. Although not all of the girls have experienced a specific traumatic event, they are all living in dangerous and difficult environments. In using a comparative case study methodology, focus will be given to individual differences in the response patterns among the six participants. The results will take the form of a case history for each girl, describing their lives and the trauma that has occurred. It is expected that the case descriptions will shed some light on the possible reasons for their seemingly lack of or presence of empathy for the characters depicted in the stories.

In the chapters that follow, there will be an overview of the literature related to the concept of empathy, including definitions and previous research. An overview of the developmental stage of early adolescence will focus on the aspects of affective, cognitive, physical, and social development (specifically in girls), and which of these aspects relate to the development of empathy. A discussion of psychological effects of trauma will follow.

In chapter three, the methodology of the study will be described. A

general description of the participants, a description of the development of the emotional dilemmas and the Teacher Rating Sheet, and the procedures followed in the pilot study, interviews, and ratings by the teachers will be presented. The next chapter includes the case histories and results. Exact responses of the participants and teachers is in table form. This chapter is followed with a discussion of the results, conclusions, summary, limitations, and implications for counseling. The Teacher Rating Sheet and emotional dilemmas can be found in appendices A and B, respectively.

CHAPTER II

REVIEW OF THE LITERATURE

Cognitive and Affective Empathy

Empathy is a widely used term in the counseling and psychology research literature. Its many uses has yielded many definitions. Common conceptualizations of empathy describe it as a cognitive awareness of another's affective state (role- or perspective-taking) or a vicarious affective response to another's affect (Hoffman, 1977). There is disagreement about whether these two dimensions of empathy -- cognitive understanding and vicarious affective response -- are independent, or if they are in fact interrelated processes.

Borke (1971, 1973) has a cognitive view of empathy which describes it as "the ability to perceive the world from the perspective of the other". He measured empathy by telling preschoolers a story and asking them to select the facial drawing depicting the emotion felt by the character in the story. Other researchers (Chandler and Greenspan, 1972) have criticized Borke's methods as measuring social comprehension and "the ability to sometimes correctly anticipate the thoughts of another" rather than cognitive empathy.

Feshbach (1975) argues that Borke's view of empathy is too cognitive and disregards the role of affect. She defines empathy as a "vicarious emotional

response of a perceiver to the emotional experience of a perceived object". This implies that empathy is an affective response similar to the actual affect of the other person, mediated by cognitive empathic understanding. Support for Feshbach's model came from studies in which it was found that in children, cognitive empathic understanding was a necessary but insufficient prerequisite for the experience of affective empathy (Feshbach & Roe, 1968; Mood, Johnson, & Shantz, 1978).

Freeman (1984) studied the relationship between cognitive and affective dimensions of empathy using preschoolers. The children responded to story vignettes in terms of how they themselves felt and how the story child felt. The analysis indicated a highly significant positive correlation between the scores on the cognitive empathy task and the affective empathy measure. This result appears to support Feshbach (1975).

Wiggers and Willems (1983) describe empathy as an interdependency between different empathic responses (cognitive, affective, and facial). In their study of female preschoolers' verbal and nonverbal responses to emotional situations, both affective and facial empathic responses appeared to be mediated by cognitive empathic understanding. The number of cognitive empathic responses far exceeded the number of affective and facial responses, perhaps due to a greater range in individual differences in girls' ability to empathize

affectively compared to a greater uniformity in their capacity to cognitively understand others' emotions. This finding is in common (e.g. Feshbach & Roe, 1968; Mood et al, 1978).

Empathy as Related to Other Concepts

Empathy is often studied by correlating it to other personality constructs. It has been related to prosocial moral reasoning and behavior (Barnett & Thompson, 1984; Eisenberg, Miller, Shell, McNalley, & Shea, 1991) as well as altruism (Aronfreed, 1980; Zahn-Waxler, Friedman, & Cummings, 1983).

Eisenberg et al. (1991) found that in adolescents (13-14 years old) moral reasoning was related to their empathy and scores on Bryant's (1982) empathy scale were positively related to needs-oriented and higher level moral reasoning, and negatively related to hedonistic reasoning. Needs-oriented reasoning is an orientation to the physical, material, or psychological needs of the other person and hedonistic reasoning is an orientation to personal gain or the individual's identification or relationship with another or liking for the other (Eisenberg et al., 1991). Barnett and Thompson (1984) found that 4th and 5th grade high-empathy children were more likely to offer an other-oriented reason for their prosocial behavior than were low-empathy children. The investigators suggested that the "sharing" of another's affect may be the critical component of empathy and the factor that motivates prosocial behavior truly performed for the sake of the other.

Zahn-Waxler, Friedman, and Cummings (1983) studied children's emotions and behaviors in response to infants' cries and found that prosocial behavioral responses increased with age from preschool to preadolescence. Also, empathy was the most frequent response to infant cries by all age groups relative to fearful and angry responses. However, whether this indicates an increased level of empathy is questionable because an empathic (prosocial) response to negative emotion (crying) may contain concern for self (e.g. the cry is aversive, frightening, or unpleasant) and concern for distressed other (e.g. the cry evokes empathy or sympathy).

Prosocial behavior appears to be similar to altruism if it is motivated by other- or needs-oriented reasoning. Altruism can be defined as "social behavior carried out to achieve positive outcomes for another rather than for the self" (Rushton, 1982). Adding to this definition, Aronfreed (1980) has stated that the intention of altruism depends on the motivational state of empathy before it can be called "true" altruism. It has also been shown that the more empathic a person toward another, the more altruistic he or she will behave (Coke, Batson, & McDavis, 1978; Krebs, 1975; Mehrabian & Epstein, 1972).

In a study by Morgan (1983), empathy in children was defined in terms of observable behaviors that can be described as "help-giving". This description is based on the finding by researchers (Hogan, 1969; Morgan, 1979) that empathy

is multifaceted and that the strict psychotherapy definition of *verbalizing understanding* is limited. Other researchers (Barnett, Darcie, Holland, & Kobashigawa, 1982; Hoffman, 1978; Hook, 1982) have cited "help-giving" behaviors as examples of altruism, which is believed to be generated by the affective condition of empathy.

Terms and Operational Definition of Empathy

The term *empathy* has been used synonymously with sympathy, understanding, and identification. In Roget's II The New Thesaurus (1986), understanding, identify, and sympathize are listed as synonyms to the terms *empathetic* and *empathize*. Sympathy is an emotional response that is a feeling of concern or sorrow for the other's welfare (Eisenberg, 1989). Understanding is characterized more by comprehension or knowledge and less by emotion, while to identify means to understand and share the other's thoughts, feelings, and problems (New World Dictionary of the American Language, 1984). According to these definitions, *empathy* appears to be a combination of ideas, which makes it more complex in definition and in quality. Empathy is not simply concern for the other's welfare (like sympathy), but is an emotional response that is identical to the object's emotional state; as Alfred Adler said, "to empathize is to see with the eyes of another, to hear with the ears of another, and to feel with the heart of another" (cited in Katz, 1963). Most investigators (Feshbach, 1975; Hoffman,

1982) would agree that empathy takes place in a social context, since it takes a perceiver and a perceived "object" to produce the affect.

In this study, empathy is operationalized as an identical (or very similar) affect produced from understanding another's affect in a given situation. Therefore, empathy has a cognitive component (an understanding) and an affective component (feelings), either positive or negative. Further, if the affect is negative, this empathy may lead to prosocial behavior ("help-giving" behavior). It is hypothesized that if the perceiver feels the object's sadness, anger, or fear, she will react with helping behavior.

Development of Early Adolescent Girls

Early adolescence (ages 11-13) marks a time of transition between childhood and young adulthood. In fact, a child's thirteenth birthday is often seen as a rite of passage into adolescence. Being a teenager means increased privileges (being allowed to date, later curfews, etc.) as well as increased responsibilities. This age represents one of great developmental changes, physically, cognitively, emotionally, and socially. For both girls and boys, these changes occur, but this discussion will focus on girls.

Children at this age are in the stage called *formal operational thought* by Piaget (Piaget, 1981), *identity v. identity confusion* by Erikson (Erikson, 1959), or *latency* by Freud (Freud, 1963). However, twelve- and thirteen-year-olds have

some overlap into earlier or later stages.

Physical Changes

This age for a girl can be exciting and frightening as physical changes happen rapidly. Between the ages of 11 and 13, most girls will begin puberty, which is marked by increases in height, weight, and strength, the beginning of menstruation, and the development of secondary sex characteristics (such as breast development). Faust (1977) analyzed physical growth of children between the ages of 6 and 18 and found that girls begin puberty more than 2.5 years before boys. In Faust's sample, menarche (the beginning of menstruation) varied from 10.5 to 15.8 years, with the mean age of 12.79. Of course there is great variability between individual girls. The physical development occurring during this time appears to have a great effect on social development as well. Rapid growth brings intensified preoccupation with physical appearance that seems to stimulate self-consciousness among early adolescents (Collins & LaGanza, 1982). For example, when an adolescent girl enters a classroom she may imagine that all eyes are on her. This rapid growth and sexual maturation may be the most powerful stimuli that provoke this new preoccupation with the social evaluation of peers (Newman & Newman, 1986).

Cognitive Changes

Girls at this age experience cognitive developmental changes also.

According to Piaget (1981), formal operational thought begins and makes it possible for a person to think about what and how she thinks, rather than only think about objects and situations. Adolescence is characterized by the elaboration of theories, systems, or doctrines. Piaget states that there are three characteristic aspects of the integration of the adolescent into adult society. One, she feels equal to adults and therefore either imitates them or contradicts them. Two, she strives to integrate her work into social life. Three, she tends to want to reform society in one way or another.

Maccoby and Jacklin (1974) have concluded that there are three cognitive abilities showing sex differences; namely, mathematical ability, spatial ability, and verbal ability. The differences between boys and girls in these abilities appear first in adolescence. This claim has no doubt caused a refocus on the influence of educational practices and career tracking on these apparent sex differences.

Emotional and Social Changes

Emotional development and social development are very closely tied. Grunebaum and Solomon (1982) describe social development in terms of stages of peer relationships. For them, preadolescence (ages 9-12) is increasingly characterized by a two-way friendship. The need for a best friend is greater and the ability to take into account the role of the other is more obvious. This allows

for a greater degree of empathy and sharing than before. The tendency to put great faith in friends and compare oneself to them is more common as well, as this group becomes more aware of the influence of themselves on their friends and vice versa. Friendships become more intimate and do not necessarily rely on play as a common bond, especially for girls. Also, boys and girls still have same-sex friends as in younger years.

Once again, the age of 11-13 is at a transition point. The older members of this age group are perhaps beginning to strive toward the task of psychological independence from parents and increasing attachments to peers. Grunebaum and Solomon (1982) state that at this stage, changes in "friendship formation has less to do with a shift in cognitive ability to take the perspective of the other and more to do with an increasing need for an ability to have emotionally intense and intimate relationships."

Developmental Processes Related to Empathy

It would seem as though emotional and social development as well as cognitive development are related to empathy. Cognitive ability is related to the perspective-taking aspect of empathy. To imagine oneself in another's place is a cognitive, thinking process. Yet along with perspective-taking, empathy requires an affective, feeling process as well, related to emotional development. Empathy is also an interaction between people. In most definitions of empathy,

there is a perceiver and a perceived object. Aronfreed defines empathy as "a person's affective response when it has been elicited by social cues which transmit information about the corresponding affective experience of another person" (Macaulay & Berkowitz, 1970). Therefore, cognitive and emotional/social development seem to relate closely to empathy.

Psychological Effects of Trauma

Elkind (1984) states that in the last two decades, protection for children has vanished and today's children are exposed to all kinds of information.

...even young children are today exposed to every nuance of human vice and depravity under the mistaken assumption that this will somehow inure them to evil and prepare them to live successful, if not virtuous and honorable, lives. This assumption rests on the mistaken belief that a bad experience is the best preparation for a bad experience. In fact, just the reverse is true: a good experience is the best preparation for a bad experience (p. 100).

Early adolescents are freer to engage in sexual activity, to abuse drugs, and to flout adult authority. At the same time, they are less prepared than ever before to manage these new freedoms (Elkind, 1984). If this freedom brings psychological stress, more severe trauma, such as death in the family and abuse, would likely be even more stressful and damaging.

Wodarski, Kurtz, Gaudin, and Howing (1990) reported that on every component of socioemotional development they studied, school-age and adolescent abused children were functioning poorly compared to their nonmaltreated peers. Further, older adolescents abused girls were at particular risk. Both parents and teachers reported abused children as more behaviorally difficult and abused children had a lower self-concept, were more likely to experience feelings of aggression, and had low scores on home adjustment, school adjustment, peer adjustment, self-adjustment indices, and a delinquency index. Younger abused children also had pervasive cognitive deficits.

Sexual abuse is a separate syndrome from other types of abuse according to some researchers (Allan, 1978; Young, 1964). Sexually abused children display such symptoms as concentration problems, aggression, withdrawal, somatic complaints, character personality style, antisocial behavior, nervousness/emotionality, depression, behavioral regression, body image/self-esteem problems, fear, and symptoms of post-traumatic stress.

Another type of trauma that can be damaging to the lives of early adolescents is death of a parent or loved one. The Statistical Abstracts of the United States (volume 555) states that 4% of children in the United States experience the death of a parent before the age of 15. In a comparison between hospitalized depressed children (ages 5-12) and bereaved children, Weller,

Weller, Fristad, and Bowes (1991) found that at least 25% of the bereaved children showed these symptoms: dysphoria, loss of interest, appetite disturbance, sleep disturbance, psychomotor agitation or retardation, guilt/worthlessness, and morbid/suicidal ideation. While these are also symptoms of a major depressive episode, the differential quality was that although bereaved children displayed suicidal ideation, none had actually attempted suicide, whereas 42% of the depressed children had attempted suicide. Weller et al. hypothesized that in bereaved children, suicidal ideation represented a longing to be with the deceased parent, rather than the devaluation of one's own life.

Relation of Trauma to Empathy

If good experiences truly are the best preparation for bad experiences, it would follow that bad experiences would not prepare one for bad experiences. Trauma is indeed a "bad experience" and can have major detrimental developmental effects on early adolescents. In terms of empathy, if one cannot understand or integrate her own experiences, how could one understand another's experiences? It has been shown that abused children are significantly less empathic and significantly more emotionally maladjusted than nonabused children (Straker & Jacobson, 1981), and that their parents are also less empathic (Smith, 1975). It can be hypothesized that other types of trauma (i.e. death of a parent) can have similar effects.

CHAPTER III

METHODOLOGY

The present study was focused on empathy in twelve- and thirteen-year-old girls as assessed through an interview process and questionnaires completed by their teachers. The investigator presented the girls with stories depicting emotional situations and asked them questions related to the feelings of the story characters and themselves. A pilot study indicated that these emotional dilemmas were powerful enough to elicit responses from this age group. The questionnaire completed by their teachers, the Teacher Rating Sheet, was developed by the investigator to assess behavior such as helpfulness, concern for others, and likability.

Subjects

The six girls in this study were members of an after-school therapy group facilitated by the investigator. They were voluntary participants in this group, which was formed in 1991 to help them deal with issues such as relationship problems with family, peer relationships, peer pressure, and sexuality. This investigator became the new facilitator in September of 1992. Three of the girls in the study were chosen because of the investigator's knowledge of trauma in their lives (sexual abuse, death of a parent, murder of a close relative) and the

other three were chosen as comparisons because the investigator knew of no specific trauma. All six of the girls were dependable participants in the group. The other members of the after-school group were not included because of practical reasons (two joined the group after the onset of the investigation and one left the group at about the same time). The school they attend is an inner-city public school with limited enrollment (maximum 300 students), grades kindergarten through eighth. The students study drama, foreign language, library science, and gym, along with the usual classroom subjects and various extracurricular activities. Included in the student population is a diversity of socioeconomic status, religion, and background. The majority of the students are African-American, with a few White, Hispanic, or other races in each grade. The teachers and staff are also of different races and backgrounds.

All six of the girls in the study are African-American, either 12 or 13 years old, and get average grades.

Development of Emotional Dilemmas

The precedent for using stories or role-played situations to elicit empathic responses from children is found in numerous studies (e.g. Eisenberg, Lennon, & Roth, 1983; Kalliopuska, 1984; Wiggers & Willems, 1983). However, the most researched and replicated method of assessing empathy and moral development is Kohlberg's moral dilemmas. The process of developing the

emotional dilemmas in this study began when the investigator became interested in Kohlberg's theory of moral reasoning. In order to explain the moral reasoning of individuals, Kohlberg described stages and sub-stages of moral judgment (Kohlberg, 1971, 1973). According to Kohlberg, each stage is a more adequate form of moral judgment than the previous stage and individuals move through the stages from lowest to highest, one at a time. To assess the moral judgment stage of individuals, Kohlberg developed stories (dilemmas) that presented the child with a decision to make, usually concerning what Kohlberg refers to as social rules. In fact, he makes a sharp distinction between social rules and moral principles (1971, 1973). He states that social regulations fall into the moral domain only when they can be justified by universal moral principles (cited in Tsujimoto & Nardi, 1978). Many of Kohlberg's dilemmas involve such moral judgment issues as stealing or lying.

According to Kohlberg's stages, early adolescents are reasoning in a *conventional* manner, which is characterized by gaining approval and avoiding disapproval, and conformity to society's rules (cited in Santrock, 1989). For early adolescents, conformity to peers is important to them, because they have a need to belong to the peer group. Yet they are also beginning to feel confident enough to act and believe differently from their peers. This investigator was more interested in whether they were empathic toward others, not whether the

girls conformed to social rules (and therefore, showed a *conventional* moral judgment). Empathic responses to another person or a character in a story may not be 'moral' in terms of conforming to social rules. Additionally, empathy is an emotional response, whereas moral judgments have an element of logic and rationality not always found in emotion. In fact, Kohlberg was more interested in the cognitive element of moral growth; namely, judgments of right and wrong.

Kohlberg's use of dilemmas, or short vignettes, to elicit emotional responses from the subjects was of great interest to this investigator. The interview format required to gather data using dilemmas that did not pertain to social rules and cognitive judgments only, but to emotional situations as well.

Another important factor in developing dilemmas was their realism for the particular girls in the study. Since this was a case study, the lifestyle and age of the six girls interviewed was an important consideration. The situations used in the dilemmas needed to be possible in their own daily lives and involve characters assumed to be their age, both male and female. Also, simple dilemmas would allow for a myriad of interpretation by the girls as well as more natural responses.

The original list of dilemmas consisted of ten vignettes, two each for these emotions: happiness, sadness, fear, excitement, and anger. Choosing which emotions to portray involved a careful consideration of the full range of human

emotion. It has been shown that joy, sadness, fear, excitement, and anger are developed and expressed within the first 7 to 8 months of life (Santrock, 1989). After some additional research into the empathy literature, the investigator decided to exclude excitement from the dilemmas because of its overlap with happiness. The precedent for the use of four emotions (happiness, sadness, fear, and anger) can be found in research by Marcus, Roke, and Bruner (1985) and Freeman (1984). These four emotions seem to be the most basic and other emotions seem to be a degree or variation of them. Therefore, the edited group of dilemmas consisted of eight vignettes, two each for the four emotions (see Appendix B for the dilemmas). One dilemma for each emotion would be presented to the girls individually and the second dilemma for each emotion would be presented in a group. The girls in the study were friends to a certain extent and therefore, it was possible that they could influence each others' responses in a group situation.

Development of Teacher Rating Sheet

The investigator felt that the use of another, more objective method to assess the empathy of the participants was needed to reinforce the results of the dilemma presentations. It was decided that a rating scale would be an appropriate assessment. Most published empathy scales are designed as self-report questionnaires (e.g. Bryant Empathy Scale, 1982; Hogan Empathy Scale, 1969;

Mehrabian & Epstein Questionnaire Measure of Emotional Empathy, 1972) and of the few designed to be completed by others, parents are usually indicated as primary sources. A published empathy scale for use with teachers was not available, so an adaptation of published scales was needed. Block (1977) found a certain number of characteristics to be related to a factor he called *empathic relatedness*, in a longitudinal study based on the results of the Block California *Q*-sort with 100 four-year-olds. Developing a simplified questionnaire based on Block's descriptive characteristics proved to be an effective way to ascertain the teachers' opinions. The investigator converted Block's seven descriptive statements about empathic children into nine questions for use on the Teacher Rating Sheet. The Teacher Rating Sheet is a nine-item questionnaire with response choices of "always", "frequently", "occasionally", and "never". For example, two of the items are: Is she considerate and thoughtful of other students? and Does she show a recognition of others' feelings? These were converted from Block's statements: Is considerate and thoughtful of other children and Shows a recognition of other children's feelings. A space for additional comments is included as well (see Appendix A for a copy of the rating sheet).

Procedure

Pilot Study

Approximately two weeks before the dilemma presentations with the six

girls in this study, the investigator did a pilot study for the purposes of assessing the strength of the dilemmas and to practice the interview. The eight girls in the pilot study ranged in age from twelve to fourteen and attended a school similar in size to the one attended by the six participants. The investigator did not know the names or personal history of these girls and interviewed them in a random order, allowing their teacher to choose which girl to send to the interview room next. The eight girls volunteered for the pilot study after the investigator explained that their help was needed to test some stories for another group of girls at a different school. Written consent was obtained before the interviews were conducted.

In order to test all eight dilemmas in the pilot study, each girl was individually presented with two dilemmas of different emotions. For example, the first girl was presented with dilemmas I1 and G4. In this way, each dilemma was presented twice, in a different order for each girl. The investigator played a tape-recorded version of the dilemma while they read along with a type-written version. This was done to avoid any differences in the girls' reading comprehension and any fluctuations in the investigator's reading of the dilemmas (such as stressing certain words or tone of voice). The instructions were as follows:

"I will play you two stories and then will ask you questions about the characters in the stories. The stories are very short and there are no right or wrong answers. You can say whatever you want. I'll write down your answers exactly as you tell me. You can follow along on this paper. Are you ready?"

The questions asked after each story were: a) How does the girl/boy feel? and b) How do you feel hearing about the girl/boy? These two questions relate to cognitive understanding (Question A) and affective response (Question B). The investigator also asked two questions after both dilemmas were heard: c) Would you help any of the girls/boys? Which ones? and d) What would you do? Why? These questions assess whether empathy is a motivation for altruism. No group interview was conducted in the pilot study. From the results of the pilot study, it was decided that the dilemmas were useful in eliciting appropriate responses.

Current Study

Emotional dilemmas. Before the dilemma presentations with the six study participants, background interviews were conducted. The investigator knew two of the girls on a deeper level since they were individual clients as well as therapy group members. The background interviews were helpful in providing consistent information about social and emotional history for all six girls. These interviews were conducted two weeks prior to the dilemma presentations.

The dilemmas were divided into two categories called I-group and G-

group, representing individual presentations (I) and group presentations (G). Within these two categories, the dilemmas were numbered 1-4 according to the emotion depicted. Therefore, the dilemmas in the I-group were coded as follows: I1=sadness, I2=happiness, I3=fear, and I4=anger. The G-group followed the same pattern. For the individual presentations, the I-group dilemmas were assigned in a random order to each girl. The investigator drew the numbers 1-4 for each girl so that they were presented with the dilemmas in a different order (for example, I2-I4-I3-I1 and I3-I4-I1-I2). As in the pilot study, the girls heard a tape-recorded version and followed a written copy. The dilemma presentations were conducted in a random order by drawing the girls' names until all six were chosen. These girls heard the same instructions as the eight pilot study participants and their responses were also written verbatim. The order of the questions was the same as the pilot study and written consent obtained.

The G-group dilemmas (G1-G4) were given in numerical order, with the group presentation taking place five days after the individual presentation. During this group presentation, the investigator let the girls respond spontaneously and tape-recorded the responses and discussion without comment.

Teacher rating sheet. The two teachers chosen for the task of completing the Teacher Rating Sheet were the homeroom and drama teacher. Two teachers were asked to participate for these reasons: a) two opinions were useful for

comparison of ratings; b) these two had different expectations of their students and led their classrooms very differently; c) the drama teacher was involved with the girls in extracurricular activities, such as school assemblies; and d) any patterns in response were easier to detect with a comparison between the two. The teachers completed the questionnaire for all of the female students in 7th grade, a total of 14 students. Obtaining information on all 14 girls in the class was a check for patterns of response, such as acquiescence (always choosing the highest or lowest choice). As soon as this possibility was checked, the ratings for the students other than the six involved were destroyed to protect confidentiality. The teachers were not told who was actually involved in the study, nor were they told of the results of the questionnaires or the dilemma presentations.

Data Analysis

Dilemma presentations. For analyzing the individual presentation responses, the investigator developed a classification system based on the types of responses given. In reviewing the responses given by each girl, it became apparent that the response could be classified into certain types. Although arbitrary, these classifications served to simplify the complexity of responses given by the girls.

For Question A (*How does the girl/boy feel?*), there were three types of responses found. These responses were a) identification of a different emotion

from the one attributed to the dilemma by the investigator or a vague response (e.g. "she feels bad"), b) identification of the exact or similar emotion attributed by the investigator, or c) identification of more than one emotion.

Question B (*How do you feel hearing about the girl/boy?*) also elicited three different types of responses. These responses were a) a vague, indifferent, or non-emotion response, b) a different emotion from the one attributed to the dilemma by the investigator or sympathy, or c) identification of a similar emotion.

Questions C and D were found to elicit two different types of responses. Question C (*Would you help any of the characters? Which ones?*) responses were a) would not help or did not say, or b) yes, would help. For Question D (*What would you do? Why?*), the two responses were a) help the character directly or b) help "in honor of" the character.

Group responses were analyzed according to whether the girls gave similar responses during the discussion. Since the purpose of the group dilemma presentation was to observe the influence of peers on individual responses, the repetition of responses from one girl to the next was the factor most important to this study.

Teacher rating sheet. For the questionnaires completed by the teachers, the investigator analyzed the responses by individual girl. No responses pattern

was found, so the responses were assumed to be relatively accurate. Both of the teachers also added comments which clarified any of their responses.

A discussion of each girl's responses to the individual presentations and the teachers' responses to the Teacher Rating Sheet is included with the case histories in Chapter IV. Also discussed is the comparison of the investigator's expectations for responses to the actual responses as well as the teachers' ratings.

CHAPTER IV

RESULTS

The girls in the study are all African-American, either 12 or 13 years old, and attend the same school. They live in inner-city, lower middle-class to lower-class neighborhoods where poverty, gang activity, and drug use are common. Three of the girls have suffered what the investigator has called a "major trauma" in their lives, but all six of them live with stressful situations as part of their daily life. These "major traumas" were expected to have an effect on empathy development. Each girl's case history is presented along with the investigator's expectations for the outcome of the study. The comparison of these expectations with the actual results is presented in a table. Each girl is ranked as having a high, average, or low empathy level. The results of the individual dilemma presentations and the responses to each interview question are also summarized in tables for each girl, followed by a discussion of the differences in response between the traumatized girls and the non-traumatized girls. A discussion of the group dilemma presentation and responses, along with the investigator's expectations of the influence of the group is presented. A table in this section describes the responses in detail. The teacher ratings for each girl as compared to the girls' individual responses is presented in a frequency table. As a summary, the ranking of the girls according to the teachers' ratings is compared

to the investigator's rankings as high, average, or low.

Case Histories

Nicole Nicole is 12 years old. She lives with her biological parents and a younger brother who attends the same school. She also has a college-age half-brother who is home occasionally. She considers this brother's biological mother her "step-mother". Nicole was born in Chicago and lives in a neighborhood where she does not feel safe. Her mother does not allow the children to play outside. Nicole has had a normal cognitive development, although physically, she gets sick easily and has frequent headaches. She is cheerful, friendly, and laughs infectiously. She makes friends easily, yet moves in and out of friendships frequently, usually due to her growing impatience with the friend or the relationship. Nicole states her opinions bluntly and calls herself a "good decision maker". Nicole is planning to run away from home "if the time comes" because of her relationship with her mother. She feels criticized and less loved than her younger brother, who seems to do no wrong and does not get in trouble for mischievousness. Her father, who is caring for his sick mother, is away from home most of the time. Her aunt's death in 1992 was considered a major trauma by the investigator, because of the nature of its occurrence as well as its effect on Nicole. Her aunt was fatally stabbed by her husband (Nicole's uncle), who was a drug addict. This couple had six children, who were cared for by various

relatives after their mother's death. Nicole had a close relationship with this aunt. At the time of the study, one year had passed since the aunt's death, yet Nicole was still angry and very sad by the loss of the relationship.

Before the study, the investigator developed predictions as to how each girl would respond. The investigator found that Nicole has a well-developed ability to take the perspective of another person, in comparison to some of her peers. In the after-school group, she would often "catch on" to subtle suggestions or comments and would get openly frustrated when the others did not catch on. Her comments sometimes seemed to elaborate on the comments made by the investigator. Because of this ability, the investigator expected Nicole to have a high level empathy toward the characters in the dilemmas, as well as the ability to identify her own emotions.

Andrea Andrea is 12 years old. She is an only child and lives with her maternal grandmother and maternal aunt. She has no relationship with her biological father, although recently he was seen in her neighborhood. Her biological mother is deceased. Andrea was born in Chicago and lives in a neighborhood with frequent drug and gang activity, but feels protected by friends and neighbors, who are often older. Andrea has had a normal physical and cognitive development. She is talkative, cheerful, and is usually well-liked by adults. However, in the past she has had difficulty with her peers and occasionally feels left out by them.

She considers herself "innocent" compared to her classmates. Andrea's mother was diagnosed with cancer several years ago, which spread to her brain by the summer of 1992. She died in February of 1993, about one month before the individual dilemma presentations began. Andrea was responsible for much of her mother's care in her last few months. Andrea began individual therapy during the fall when it became apparent that her mother would die very soon. When her mother died, Andrea missed a few days of school and on her return, gave the impression that she was sad but "back to normal". Her peers in the after-school group confronted her about her feelings and expressed concern that she was "holding everything in".

The investigator considered Andrea a mature girl, yet somehow empty of emotional response. While she reacts to her peers in a helpful and caring way, they were often hesitant to believe her. They felt coldness from her and occasionally confronted her for her fake response to them. These were the situations in which she felt left out by them or not part of the group. The investigator expected Andrea to respond to the questions with average empathy, but with a lack of sincerity.

Lori Lori is 13 years old and lives with her biological mother and her older half sister. She sees her father each week and usually stays with her paternal grandmother one or two nights a week. Lori's parents divorced when she was

seven and they presently have a friendly relationship and often spend time with her as a family. She also has many other relatives that she sees frequently. She was born in a quiet Chicago neighborhood, mostly free of gang activity. She has had a normal cognitive development, although her grades have been slipping steadily since the time of her trauma. Physically, she is less developed than her peers and seems younger because of her size and dress. Lori is quiet and respectful, and usually flat in affect. She often speaks in a monotone. In groups she seems introspective and at times does not seem to follow the conversation. Ironically, she characterizes herself as happy. When Lori was nine, her mother remarried and her stepfather sexually abused her. The first incident occurred on the day of the wedding, when he showed her pornographic material and made suggestive comments. He molested her at least twice in the next two years and was generally very emotionally abusive as well. About one year before the study, Lori told some friends about the abuse, who encouraged her to disclose the information to the counseling student intern at the school. Her mother divorced the stepfather immediately and Lori was involved in the prosecution process at the time of the study. Lori feared her stepfather had also molested his own daughters who were living with them. Lori was in individual therapy with the investigator for about five months before the investigation began, which continued throughout the study. The investigator expected Lori to have low empathy. In

individual therapy and the after-school group, her affect was often flat or was inconsistent with her behavior. She often had no idea of how she felt, or could not express those feelings.

Patrice Patrice is 13 years old and lives with her biological parents. She is the youngest of five siblings, which range in age from 13 (Patrice) to mid-30's. Her half-sister, half-brother, and natural brother live away from home, while another natural brother lives at home. Patrice was born in a Chicago neighborhood where she feels safe despite the frequent gang activity. She has had a normal physical and cognitive development. Patrice is polite, but distant upon first meeting. She tends to be the "ring-leader" of her peer group, although she seems to have only a few select friends. She has a boisterous sense of humor and makes people laugh. Even though she sees herself as having a "good attitude", she is quick to anger. Her teachers and peers characterize her as argumentative and tough. Being the youngest child, she is usually left out of activities with her siblings and feels separated from them. In fact, she is much like an only child in that she often chooses to be alone or with only a few people.

Given Patrice's tough exterior, the investigator did not expect a high level of empathy, but rather a low level. In the after-school group, Patrice's interaction with the others was usually based on humor or anger. She often reacted to comments in a defensive or argumentative way. Therefore, she did not

tend to display an empathic nature.

Michelle Michelle is 12 years old and lives with her biological parents and a younger sister. She was born in Chicago in a neighborhood where gangs are powerful. Michelle has had a normal cognitive and physical development. She is very athletic and more physically mature than most of her peers. She is friendly when approached but otherwise remains reserved and somewhat distant from peers. She often seems to be on the outside looking in, yet in a way that keeps her involved in the conversation (for example, laughing or looking from one person to the next). Michelle is emotionally mature and seems older than her age. Michelle's parents were temporarily separated for about one month when she was six years old. At the time of the study, her parents were still together, although her father was rarely home.

The investigator expected Michelle to have a high level of empathy. She usually displayed a very caring nature with her peers and they tended to approach her for advice. In the after-school group, she frequently made supportive rather than confrontative comments.

Anna Anna is 12 years old and lives with her biological mother. She is the youngest of five children who range in age from 12 (Anna) to mid- to late- 30's. She also has a six year old nephew who is more like her brother. Several of her relatives have died in recent years and one of her brothers is in jail (she does not

know why). Her relationship with her biological father is close and she sees him about once a week. She feels relatively safe in the Chicago neighborhood where she was born and still lives. Anna has had a normal cognitive and physical development, although she is physically mature for her age and is self-conscious about her appearance. Anna is affectionate and friendly when she feels comfortable and can be very talkative. She often expresses concern about how her actions might effect others. She seems to be quite emotionally stable.

Anna was in individual therapy with the investigator during the study. She initiated the therapy with concerns about her relationship with her mother. These concerns were somewhat typical for a 12 year old; in other words, she was beginning to separate from her mother's influence, yet still needed her approval and acceptance. The investigator had witnessed Anna being very supportive of her peers in the after-school group and therefore expected her to have a high level of empathy.

In the following table, the investigator's expectations for each girl is listed as well as the level of empathy shown by the girls themselves. Both cognitive and affective empathy ("c/a") is shown.

Table 1. --Comparison of investigator's expectations and actual responses of participants.

Participants	Expected response	Actual cognitive	Actual affective
Nicole	high	high	low
Andrea	average	low	average
Lori	low	average	high
Patrice	low	average	average
Michelle	high	high	average
Anna	high	average	average

Results of Individual Dilemma Presentations

In this section, each girl's response to the first two questions of the individual dilemma presentation is described and followed by a table with their verbatim responses.

In the individual dilemma presentations, Nicole was enthusiastic and very talkative. Her descriptions of the characters' emotions were detailed and complex. As shown in Table 2, she not only described their feelings, but in some cases elaborated on their possible future behavior based on the situations in the dilemmas. For Question A, the emotions Nicole attributed to the characters in dilemmas I1 and I3 were very similar to the emotions the investigator attributed

to these characters. She described a complex combination of emotions for dilemma I2 and I4 (see Table 2). However, while her cognitive understanding of the characters' feelings was complex, she had more difficulty identifying her own emotions. For Question B, she responded by identifying an emotion in herself similar to the emotion she attributed to the characters in dilemma I1. Yet for dilemmas I2-I4, she did not identify an emotion at all and avoided her feelings altogether (see Table 2).

Table 2. --Nicole's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	He must feel very sad. If he was to buy a new dog, it wouldn't be the same. The dog must've been very special.	I would probably start crying too.
I2	I think she feels very happy. She can give herself a pat on the back because she accomplished something. I guess she had alot of progress. I think she felt surprised too.	I think she's lucky. I did the same thing. I had a bad grade and now I'm on the principal's honor roll.
I3	Scared. Probably paranoid. Panic alot.	I'm glad I'm not there. I know what these boys would do.
I4	Feels really sad and depressed, mad that her bike is gone. If she would ever catch up with that boy she would beat his brains out. She feels like screaming.	I want to buy her a new bike.

Andrea was quiet and serious during the individual dilemma presentations. The investigator got the distinct impression she was trying to find the "correct" answer. For Question A she could easily identify the feelings of the characters in dilemmas I1-I3. These feelings were similar to the feelings attributed to the characters by the investigator. For dilemma I4 she expressed sympathy. For Question B, she identified a similar emotion in herself as she had attributed to the characters in dilemmas I1 and I2, and again expressed sympathy for the character in dilemma I4. She did not express an emotion for dilemma I3, but rather an opinion of what they should have done otherwise (see Table 3).

Table 3. --Andrea's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	Sad, upset.	I like animals so I feel sad for him.
I2	She feels good, she was achieved something she was trying to achieve.	I feel good.
I3	Frightened.	I feel they should've been in the house.
I4	I think she would feel bad.	I feel sorry for her.

During the individual dilemma presentation, Lori was sullen and quiet. She seemed to be thinking carefully about her responses. Lori's identification of the characters' emotions matched the investigator's identification of emotions in each dilemma, as shown in Table 4. Her responses regarding her own emotions echoed the feelings she attributed to the characters, except in one case where she expressed sympathy (dilemma I3). She did not provide any detail or elaboration, however, and usually answered with one word phrases.

Table 4. --Lori's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	Sad.	Sad.
I2	Happy.	I feel happy for her.
I3	Scared.	I feel kinda sorry for them.
I4	Mad	Kinda mad.

In the individual dilemma presentation, Patrice seemed nervous and concerned with responding in the "correct" way, much like Andrea. She asked "what do you mean?" several times, in an attempt to clarify the investigator's questions. She began several statements with "I don't know" yet quickly supplied a response. Her responses to Question A identified the same emotions in the characters that the investigator had attributed to them, in all four dilemmas. For Question B, she identified the same emotions in herself as to the characters in dilemmas I1, I2, and I4. Her response to dilemma I3 was indifferent, because as she stated, she "[doesn't] know these boys" (see Table 5).

Table 5. --Patrice's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	Sad.	Sad.
I2	Happy.	I don't know. I feel glad for her.
I3	Scared.	Tell the truth, I don't know because I don't know these boys.
I4	I don't know. Yeah, I think the girl feels mad. Angry.	Kinda mad.

In the individual dilemma presentation, Michelle was quiet and direct with her responses. As shown in Table 6, her responses to Question A for all four dilemmas were complex and included an emotion similar to the emotion the investigator attributed to the characters. For dilemmas I1, I2, and I4 she included a second emotion as well. For Question B, she identified a similar emotion in herself as in the characters for dilemmas I1, I3, and I4.

Table 6. --Michelle's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	Sad, lonely.	I feel like he's lost his best friend. Sad.
I2	Happy and excited.	Makes me want to do the same thing.
I3	Scared, frightened.	I feel scared for them because it seems like they're going to get beat up.
I4	Sad and probably mad.	I feel sad.

Anna seemed nervous but was very cooperative during the individual dilemma presentation. She quickly identified the same emotions in the characters as the investigator had attributed to them in all four dilemmas. However, she had more difficulty identifying her own emotions in regard to the characters' situations. For dilemmas I1 and I3 she expressed sympathy and for dilemma I4, she expressed a vague feeling ("bad"). Only for dilemma I2 did she identify a similar feeling in herself as she had attributed to the character (see Table 7).

Table 7. --Anna's responses to individual dilemma presentation.

Dilemma #	Question A How does the girl/boy feel?	Question B How do you feel hearing about the girl/boy?
I1	Sad.	Feel sorry for him.
I2	Happy.	Good that she got a good grade.
I3	Scared.	Sad because they might get beat up.
I4	Angry.	Bad that somebody took her bike from her.

The second two questions asked by the investigator were fundamentally different than Questions A and B. The investigator asked them after all of the dilemmas were presented and after Questions A and B had been asked for each dilemma. This part touched on the idea of altruism and whether empathy would result in altruistic behavior. The questions were: c) Would you help any of the girls/boys? Which ones? and d) What would you do? Why? The girls responded to these questions at length, except for the second part of Question D (Why?). Their exact responses are reported in Table 8.

Table 8. --Girls' responses to Questions C and D.

Participants	Question C Would you help any of the girls/boys? Which ones?	Question D What would you do? Why?
Nicole	Yes, the boy and the dog, and the girl with the bike.	Probably console him. Tell him everything will be okay, get a new dog. Sell something to get a new bike and catch that thief. Girl with grades-congratulate her.
Andrea	Yes, the girl with the bike, the boys who are chased and the boy who lost his dog.	Lecture them about a group chasing two boys-try to settle it by talking first. Bike-help her find guys that took it. Dog-talk to him, try to calm him down, everybody dies for a reason and surprise him one day with a new dog.
Lori	Yes, the dog, the bike, and the boys out late.	I1-help him bury the dog. I4-help the girl get bike from boy. I3-I'd try to talk it out.
Patrice	The girl who got her bike stolen and the two boys.	Try to help her get the person who stole bike. Stop the fight because it probably would've been a fight.
Michelle	Yes-I1, I3-no, I'll be scared, I4-help her, I2-does she really need help?	I would tell him it's okay-he shouldn't cry over it and he would be okay. I4-call the police or something.
Anna	The girl with the bike and the boy with the dog.	Help her chase the boy until she gets the bike from him. Talk to him about his dying and he could talk to his parents about getting a new dog.

Results of Group Dilemma Presentation

The purpose of the group presentation was to observe whether the quality of the girls' responses would change as a function of the influence of their

friends. In the group dilemma presentation, the investigator did not lead the discussion beyond asking Questions A-D. A pattern quickly developed during this presentation in which one or two girls would answer the question on impulse and the others would echo what they said, usually using synonyms of the words to describe the characters, or their own, feelings. As a group, they identified only one character as needing help, whereas in the individual presentations they helped almost all of the characters. However, their ideas for helping this one character were different from one another, and in fact, they seemed to have a "brainstorming" effect on each other. In other words, one idea would give them new ideas. Occasionally someone's comments would stand out, as when Patrice stated she wanted to slap the mother's face or when Nicole related a dilemma to a situation with her own brother. Patrice was often the loudest, possibly indicating a wish to answer quickly and influence the group. She was cooperative, but often made a decision for the group simply by her assertiveness. This occurred in the after-school group as well. Lori, on the other hand, was usually silent and would echo the others' responses by nodding her head or saying a quiet "yes".

The investigator expected a high level of group influence in this presentation. This expectation was due to the pattern of influence that regularly occurred in the after-school group. Also, Patrice and Nicole tended to be the

most vocal in groups. Lori and Michelle tended to be the least vocal, with Andrea and Anna somewhere in the middle. This pattern rang true during the group presentation.

Results of Teacher Rating Sheet

The teachers completed a nine question rating sheet for each girl, rating her as *always*, *frequently*, *occasionally*, or *never* on each question, as well as writing narrative comments for each girl. In Table 9 (Teacher 1) and 10 (Teacher 2), the ratings given by each teacher for each girl is outlined.

In general, the teachers had similar ratings for each girl, varying only on a few questions. The teachers felt that Nicole could be trusted and appeared to get along with students and staff. Only one teacher commented on Andrea, stating that she seemed very "adult-like" since her mother's death. Their characterization of Lori was that she seemed reserved, untrusting and under stress. She also seemed to have a lack of social contacts as well. They felt Patrice was cooperative on a one-on-one basis, but at times seemed argumentative. Michelle was sensitive to others and trustworthy, although reserved as well. They stated that Anna got along well with other students and staff, and was also sensitive and caring.

Table 9. --Teacher 1 ratings of each girl.

Questions	Nicole	Andrea	Lori	Patrice	Michelle	Anna
considerate & thoughtful	freq	freq	occas	occas	always	freq
helpful & cooperative	freq	freq	freq	occas	always	freq
concern for moral issues	freq	freq	freq	no rating	freq	always
liked by staff & faculty	freq	freq	occas	freq	freq	freq
liked by other students	freq	freq	occas	freq	freq	freq
give, lend or share	freq	freq	occas	occas	freq	freq
can be trusted	freq	always	freq	occas	always	always
dependable	always	freq	freq	occas	always	always
show recog. of others' feelings	freq	freq	freq	occas	always	freq

Table 10. --Teacher 2 ratings of each girl.

Questions	Nicole	Andrea	Lori	Patrice	Michelle	Anna
considerate & thoughtful	freq	freq	freq	occas	always	always
helpful & cooperative	freq	always	occas	freq	always	always
concern for moral issues	freq	freq	freq	occas	always	always
liked by staff & faculty	freq	always	occas	occas	always	always
liked by other students	freq	always	occas	occas	always	always
give, lend or share	freq	freq	freq	occas	always	always
can be trusted	always	always	always	occas	always	always
dependable	always	occas	always	occas	always	always
show recog. of others' feelings	freq	freq	freq	occas	always	always

Table 11 has a comparison between the investigator's tentative rating of each girl and the teachers' total rating, as well as the actual empathy level of each girl.

Table 11. --Comparison of investigator's expectations, teacher ratings, and actual empathy level as shown by responses.

Participants	Empathy level affective/cognitive	Investigator's Expectations	Teachers' Combined Ratings
Nicole	high/low	high	high
Andrea	low/average	average	average
Lori	average/high	low	average
Patrice	average/average	low	low
Michelle	high/average	high	high
Anna	average/average	high	high

CHAPTER V

DISCUSSION

This study was conducted to assess the empathy of 7th grade girls. Of the six girls involved in the study, three had experienced trauma and three had not. The research question to be answered was, would there be a difference between the traumatized girls' responses and the nontraumatized girls' responses? The investigator did a case study with each girl, conducting personal background interviews and dilemma presentations. Two of the girls' teachers completed questionnaires regarding the girls' thoughtfulness of others, likability, and other characteristics described by Block (1977) as *empathic relatedness*.

The results were reported by describing each girl's response to the dilemma presentations and each teacher's response to the questionnaires, in relation to the personal history of each girl.

Summary of Findings

The girls in the study could describe the feelings of the characters more consistently than they could describe their own feelings. This result is similar to Wiggers and Willems' results (1983). Wiggers and Willems explained this by proposing that there was a greater range in individual differences in their preschoolers' ability to empathize affectively, compared to a greater uniformity in their capacity to cognitively understand others' emotions.

There was not a difference between the responses of the girls with traumatic experiences and the girls without traumatic experiences. This result could indicate that there are no real differences or that the investigation was not potent enough to elicit real emotional responses. The teachers' ratings and comments resembled the findings of the investigator in that each girl's level of helpfulness, likability, and understanding of others' feelings seemed consistent with their responses to the dilemmas.

Conclusions

Trauma did not seem to affect the empathy level of the six girls in this study. This could be due to a number of factors. First, the investigator expected them to be able to express verbally what they felt or understood. However, this age group does not have the developed language usage of an adult. To expect them to accurately describe their feelings about a situation that does not involve them is assuming they can verbalize those feelings. However, most studies use self-report methods to assess empathy. These self-report methods are typically verbal response or written questionnaires. The subjectivity of empathy makes it difficult to accurately assess, especially with children or adolescents who have limited verbal abilities. Further research into this construct would have to operationalize empathy in such a way as to allow for objective and accurate data.

Second, according to Smither (1977), assessing the affective conditions of

empathy requires more complex considerations than simply asking the participant, "How do you feel?" or "How does the story make you feel?". If this is indeed true, then the results of this study could be a product of too simple a design for such a complex construct as empathy. The investigator intended this study to be a tentative description of how trauma may affect empathy. The current study was assessing the empathy level of these specific girls, rather than the general population; therefore, the results are specifically related to the life situations of the six girls. Generalizability would come from a more complex study. Empathy is complex, involving cognitive understanding, role-taking ability, understanding of another's world view, and understanding of another's emotional responses. The questions asked of participants in empathy studies should reflect this complexity by covering all aspects of the empathic response. The questions in the current study, while touching on all aspects, may not have probed deep enough or elicited a deep enough response. The questions could also be combined with many hours of observation and discussion with the participants to allow for a relationship between the investigator and participant to develop. Only then could the investigator be assured of true response.

Third, it is difficult to cause rapid, moment to moment shifts in an individual's emotional response through an artificial experience (Hoffman, 1982). Four different emotions were presented within a few minutes and the lack of

affective response may be due to this rapid shift of emotion. Perhaps allowing for more time between experiences or more in-depth discussion of each experience combined with more personalized or realistic dilemmas would illustrate a greater difference in response.

Limitations of the Study

There were several limitations to this study of empathy. Since it was a case study based on personal interviews, it cannot be generalized to the larger population. These girls' responses to the dilemma presentations do not necessarily indicate how other adolescents would respond.

Empathy is an interactive process and using a method of verbal reporting rather than studying the interaction between people involved in an emotional situation may limit the response. Smither (1977) discussed the fact that it is probably easier to have affective responses to the emotions of personal friends than those of strangers, who are described in an "after the fact" story.

Although the investigator conducted background interviews with the girls to have equivalent information regarding their social and emotional backgrounds, it is possible that they did not share everything. The three girls who did not discuss a major trauma with the investigator could have been hesitant to do so.

The major, and perhaps most important, limitation is that the girls were in group therapy, which could have reduced the impact of the trauma in their

lives. In fact, the very design of the group was to provide a shelter from the difficulty of their lives and a place to talk honestly about that difficulty. Two of the specific traumatic situations discussed in the case histories had been discussed at one time in the group, although one approximately a full year before the study. Had they had no group experience, the responses of the three traumatized girls may have been more dramatic and recognizably different from the other three girls. Also, two of the trauma victims were involved in individual therapy as well, with the trauma as the presenting problem. Perhaps comparing traumatized adolescents with therapy experience, to traumatized adolescents without therapy experience would provide an interesting difference in their empathic responses.

Implications for Counseling

Christopher, Kurtz, and Howing (1989) state that children have become one of the most neglected groups in mental health. Sadly, children who have been involved in some trauma, such as abuse, are not receiving adequate services. Any study that furthers knowledge of these children is useful to the mental health community. Counselors who are informed of a child's level of development in such areas as empathy can better treat them, by having an indication of the level of emotional response the child can describe or handle at any time. For example, a sexually abused child may not know how to respond to high level questions about their feelings; rather than focusing on the child's "denial", a counselor can

adapt the course of the therapy to fit the child's emotional capabilities.

Empathy is a concept that is vital to the field of counseling and goes hand in hand with the layman's picture of an effective counselor. However, to be a client, a cognitive understanding of emotion as well as affective response is important. Empathy also plays a large role in the effectiveness of group therapy. Yalom (1985) describes the therapeutic factors of group therapy, which includes *universality*. Universality is the concept that many people in the group share the same concerns and feelings. Yalom states that the "disconfirmation of a patient's feelings of uniqueness is a powerful source of relief." In other words, when it becomes obvious that other people feel the same way, it can bring therapeutic relief. To feel the same way is to cognitively understand what another is feeling and have a similar affective response.

For counselors, it is important to realize the differences between children, adolescents, and adults regarding empathic ability. A counselor often asks a client to describe how other people may have felt or how they themselves feel. The ability to empathize can be very important in this way.

Suggestions for Further Research

This study was conducted on a small scale and therefore did not have conclusive results regarding the empathic ability of early adolescents. In future research it is recommended that a similar study be conducted with many more

participants. Also, the incorporation of boys into the design would be important. The after-school group facilitated by the investigator was made up of girls only and therefore the study did not include boys. A larger scale study involving both boys and girls would be very interesting and might serve to confirm or disprove the idea that girls are more empathic than boys.

APPENDIX A

TEACHER RATING SHEET

Dear Teacher: This is a rating sheet designed to give me an indication of each girl's level or style of empathy for her fellow students, teachers, or staff. Please feel free to add any comments or clarifications you wish. I appreciate your help and guarantee the privacy of your opinions. Thank you!

1. Is she considerate and thoughtful of other students?

always frequently occasionally never

2. Is she helpful and cooperative?

always frequently occasionally never

3. Does she show concern for moral issues (e.g. reciprocity, fairness, and the welfare of others)?

always frequently occasionally never

4. Does she tend to elicit liking from teachers and staff?

always frequently occasionally never

5. Does she tend to elicit liking from other students?

always

frequently

occasionally

never

6. Does she tend to give, lend, or share?

always

frequently

occasionally

never

7. Can she be trusted?

always

frequently

occasionally

never

8. Is she dependable?

always

frequently

occasionally

never

9. Does she show a recognition of others' feelings?

always

frequently

occasionally

never

Comments? _____

(Adapted from Block, 1977)

APPENDIX B

EMOTIONAL DILEMMAS

These are the emotional dilemmas developed to present to the girls in the study. There were several considerations when developing these stories. It was important to use situations that were likely to happen (or have happened) in their own lives. The more natural the situations, the more natural their responses to the questions. The stories were kept short and very simplified so as not to lead their responses in one direction or another. The investigator wanted the girls to add their own interpretations of the behavior of the characters. Another consideration was whether or not to keep the stories gender-neutral. The issue of gender and its effect on empathy is beyond the scope of this study, yet it is an interesting consideration. Therefore, both female and male characters were used in order to add reality to the stories.

The end product was eight stories, four presented individually and four presented to the group. The situations in the stories represent four major emotions, with two stories for each emotion: happiness, sadness, fear, and anger. The girls were not expected to respond with these same emotions and it was quite possible the girls would see and feel different emotions than the ones attributed to the stories. However, these four emotions were considered "basic", with many variations and degrees to each. It has been shown that joy, anger, sadness, and

fear are developed within the first 7-8 months of life (Santrock, 1989). Empathy is a mental process having to do with the emotions, so it was hoped that these emotions would be tapped into by providing "emotional dilemmas".

Individual presentation

I1 (sadness): A boy was walking along very slowly, when a friend saw him and asked what was wrong. The boy said his dog had died the night before and now he had to bury it somewhere. As he told his friend about it, he began crying.

I2 (happiness): A girl had bad grades last time on her report card. So today she was nervous about getting her report card, but when she saw that the math grade went up, she ran all the way home. When her mom got home and saw the grades, she took her daughter out for pizza because she was so proud. They had a really good time that night.

I3 (fear): Two boys were out late one night. They had walked pretty far from home and now were lost. It was getting really dark. All of a sudden, they saw a group of boys up ahead coming toward them. They turned around to run, but the group caught up to them.

I4 (anger): A girl rode her bike to the store. She was inside longer than she thought and when she came out, her bike was gone. Then she saw a boy riding it around the parking lot. She chased him until he rode off really fast, laughing at her. No one in the parking lot would help her.

Group presentation

G1 (sadness): A girl was watching her neighbors load up a truck. They were moving today and their daughter was her best friend. Her friend came over to her and promised they would visit, but the girl knew they would never see each other again.

G2 (happiness): A boy was having a birthday party. His friends were all there and his cousins too. Everyone was laughing and having a good time. He was eating chips and cookies (his mom bought all of his favorites). He got some nice presents from his friends and the basketball that he wanted from his mom.

G3 (fear): A girl was spending the night alone for the first time. Her mom had gone out of town overnight and left her there. Everything was fine, until she went to bed. Then she heard noises she had never heard before. When she heard someone bang on the door, she just pulled her covers over her head and wished her mom was back.

G4 (anger): A boy was playing with his younger brother outside. The older boy wouldn't let him make the rules and he tried to explain that they would take turns, but the younger boy yelled for their mom. When he told her, she yelled at the older boy and made him sit in his room the rest of the day.

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VITA

Robin Hohner was raised in Dallas, Texas and began a Master of Arts program in Community Counseling at Loyola in August of 1991. During her program, she was involved in the Graduate Student Organization and a research team studying career development. The team's paper was presented at the American Psychological Association Annual Convention in 1993 and published in the Journal of Career Assessment in the spring of 1994. She did her practicum at Youth Guidance, an agency specializing in intervention and counseling programs with Chicago public school children. Her site was an elementary school where she counseled individuals and groups.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts in Community Counseling.

August 1, 1994
Date


Director's Signature